PATENT APPLICATION

Attorney Docket No.: 125561

AMENDMENT TRANSMITTAL

Group Art Unit: 3732

Examiner: H. MAI

OLIFF & BERRIDGE, PLC Telephone: (703) 836-6400 Facsimile: (703) 836-2787

CUSTOMER NUMBER 25944

In re the Application of

Remy TANIMURA

Application No.: 10/552,433

Filed: October 6, 2005

Commissioner for Patents

For: METHOD FOR REVERSIBLE FIXING OF A TOOL TO AN IMPLANTABLE ELEMENT AND

DEVICE FOR CARRYING OUT SUCH A FIXING METHOD



Sir:

P.O. Box 1450

Alexandria, VA 22313-1450

Transmitted herewith is an Amendment in the above-identified application.

Entitlement to small entity status is hereby asserted.

Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
TOTAL CLAIMS	*23 MINUS	**20	=3	
INDEP CLAIMS	*4 MINUS	***3	=1	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY				
RATE	ADD'L FEE			
x 25	\$ 75			
x 105	\$ 105			
+ 185	\$			
	\$ 180			

OTHER THAN A SMALL ENTITY			
OR	RATE	ADD'L FEE	
	x 50	\$	
	x 210	\$	
ΩR	+ 370	\$	
		\$	

- If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Check No. 209983 in the amount of \$180.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461.

Respectfully submitted

William & Berridge Registration No. 30,024

Patrick T. Muffo Registration No. 60,342

WPB:PTM/sld

Date: September 18, 2008